



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN W-004852	Jackson County SD	DATE OF INSPECTION 08/23/2009
LOCATION OF INSTRUMENT (STREET AND CITY) 3310 NE Kennedy Lee's Summit		TIME OF INSPECTION 2011

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

DVM TEST: (.350 ± .150) **311**

DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

CHARACTER DISPLAY TEST **OK**

PRINT TEST (PRINTOUT ATTACHED)

TIME AND DATE **SAT 7 Correct Hour - CDST**

CALIBRATION CHECK

Run three tests using a standard solution. All three tests must be within $\pm 5\%$ of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)

0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
 (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

REPCO MKT CO

LOT 08002

EXP. 10-13-2010

.10%

TEST 1	TEST 2	TEST 3
.095	.096	.098

SIMULATOR TEMPERATURE ($34^\circ \pm .2^\circ C$) **34.0 ^\circ C**

PERFORM RFI TEST (PRINTOUT ATTACHED)

NUMBER OF REFUSALS SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS	0-04	05-09	10-14	15-19	Over 19
2	05	2	1	0	2

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

TESTED AND CERTIFIED WITHIN DHSS REGULATION

INSPECTING OFFICER

SIGNATURE

Ralph M Stewart

TYPE II PERMIT NUMBER/EXPIRATION DATE

920117

05/21/2011

PRINT NAME

Ralph M Stewart

TELEPHONE NUMBER

816-884-7562

REPCO MARKETING INC.

2101-185 STONYBROOK DRIVE
RALEIGH, NC 27602
919-878-3450

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.

LOT NUMBER: 05002

EXPIRATION DATE: October 13, 2010 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 05002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed utilizing a gas chromatograph and found to contain 0.1209 gms/dl wt/vol ethyl alcohol in aqueous solution (i.e. ethanol).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of 0.100% +/-3% when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator.

The date of manufacture for this lot number is October 14, 2008. The expiration date for this lot number is October 13, 2010 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Garner

Cecil B. Garner, President
RepCo Marketing, Inc.

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 016010

JACKSON COUNTY S.O.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004852
08/28/2009

TEST	XBAC	TIME
AIR BLANK	.000	20:30
CAL. CHECK	.095	20:31
AIR BLANK	.000	20:31
CAL. CHECK	.095	20:31
AIR BLANK	.000	20:32
CAL. CHECK	.098	20:32
AIR BLANK	.000	20:32

NO RFI PRESENT

JACKSON COUNTY S.O.
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-004852
08/28/2009

DIAGNOSTIC TEST 20:15

PROM CHECK	E235.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNPQRSTUVWXYZ
0123456789

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 016010

SN 66-004852 08/28/2009
E235.23 20:38
INVALID TEST
INHIBITED - RFI

THIS SIDE UP, THIS EDGE IN, FORM NUMBER 016010

SN 66-004852 08/28/2009
E235.23 20:13

ABCDEFGHIJKLMNPQRSTUVWXYZ20:23
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!\$abcde
ABCDEFGHIJKLMNPQRSTUVWXYZ0123456789!\$abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

R. Stewart R-223 920117

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

R. Stewart R-223 920117

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



RALPH M STEWART

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/21/09
Number **920117**
Expires 05/21/2011

MO 680-0771 (7-88)

John J Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)